

Raising the Profile of Children in Alternative Care: A Positive Approach

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Abstract

This article focuses on the negative impact of stigma that can be experienced by some children in alternative care in Malta. The impetus to address this issue came from an instance of insensitive media coverage of alternative child care in Malta that unintentionally continues to feed and propagate the stigma. The concept of stigma is analysed in the light of research carried out with children in care and their caregivers, the recently enacted Minor Protection (Alternative Care) Act Cap 602 as well as the principles enshrined in the United Nations Convention on the rights of the child. The article draws on the rich qualitative data that informed a range of previous studies and submits this data to scrutiny under a narrower lens. The result raises sensitive questions and highlights policy and practice measures that can sensitively and comprehensively attempt to address this issue.

Keywords: Children in residential care, media exposure, social stigma, UNCRC, State Responsibility

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Media Exposure and the Impetus to Address Stigma

Social stigma has been portrayed as an outcome of the fact that “society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories” (Goffman, 1963, p.5). Furthermore, this social stigma can adhere to other members of the family of the persons who are stigmatised in the form of associative or courtesy stigma. Goffman explains how social settings also “establish the categories of persons likely to be encountered there” (Goffman, 1963, p.5). Various and at times overlapping manifestations of stigma inform the understanding of stigma.

It is relevant at this point to mention what provided the impetus to address this issue at this moment in time. The impetus came from reading a recent article in a Maltese newspaper that, despite good intentions, was in my view potentially very damaging and stigmatising with respect to all the residents of one residential home that was mentioned by name in the article (May, 2020)¹. Even though the main theme of the abovementioned article highlighted what were seen as positive developments and outcomes for these minors in residential care, some remarks were potentially very stigmatising. This article quoted a statement that was made by the professional who was being interviewed which asserted that all the minors in the home had a turbulent past and persistent challenging behaviour. This genre of media coverage unintentionally fuels the stigma. For example, being branded as having ‘persistent challenging behaviour’ contributes towards the stigma mentioned by some of the very residents of this home in 2008 when I was conducting research with these minors prior to the formulation of the 2009 standards of out-of- home child care:

Why should we all be here together? I came here because I was a victim. Other persons come here because they are troublemakers or very badly behaved. We should not be together because we have different needs. Why should I be lumped with them? I am not naughty. I do not have behavioral problems. (2008, unpublished)

Another resident made similar distinctions:

Do you know what happens when we are put together? This is what has just happened. There was a girl in here, her sister (pointing to another girl who was with us), who had been here for over a year and who was always well behaved. Another girl was brought here who was very naughty and troubled. She persuaded the quiet girls who had been here to escape with her. When they were caught, the quiet girl was sent to Mount Carmel Hospital² and the naughty girls were allowed to stay here. It is not fair. The quiet girl received the punishment and the naughty girl got away with it. We know that if we are naughty we are punished by being sent to Mount Carmel so we used to warn the quiet girl to be good. But she still escaped because the naughty one made her do it. (2008, unpublished)

This media typology purporting to depict persons in alternative care as being in an improved situation in contrast with their troubled past can unintentionally fuel stigma. The past that is being publicly described portrays the children as members of dysfunctional birth families. Denigrating these birth parents not only hurts their children but fuels stigma. This paper is one of the reactions to the abovementioned typology of media coverage. Various other actions were taken

¹ The article is not being identified for three main reasons. The first is that it is not in the interest of the residents of this home to be further exposed to stigmatising publicity. The second reason stems from the likelihood that the professional working in this home was quoted out of context; therefore, reading the article might expose this head to undeserved judgmental repercussions. The third reason is that it is

not this article in itself that is the subject under scrutiny, but the genre of media coverage of which this article is just an example.

² Mount Carmel Hospital is a psychiatric hospital which includes in-patient treatment for children and adolescents with mental health difficulties.

behind the scenes to address the matter in confidence as it was feared that a public expression of outrage to a particular media article would draw more attention to the article and to the residents and increase the exposure to stigma. It is hoped that instead of publicly denouncing individual instances of stigma fuelling behaviour, a study on stigma as it is experienced by children in alternative care in Malta may contribute towards other efforts that are currently being made and proposed to address this sensitive issue.

Methodology: Revisiting Child-centred Qualitative Research

Qualitative research that involves listening to children who have experienced alternative care can have a profound and long-lasting impact on the researcher. Such qualitative research produces a wealth of rich material that does not all find its way into published work or comprehensive analysis. This body of material sometimes exerts a lingering pressure on the researcher to fulfil a duty to tell the whole story. This is not to say that the researcher was negligent in leaving unsaid what should have been said. Every qualitative research study involves choices regarding what is most relevant to a particular research question and project. This claim regarding past choices about what to include in my research studies is just an admission that the data previously gathered can be subjected to 'supplementary analysis' Heaton (2004). In distinguishing between five types of secondary analysis of qualitative data, Heaton (2004) explains that:

'Supplementary analysis' involves a more in-depth investigation of an emergent issue or aspect of the data which was not considered or fully addressed in the primary study.... The foci of supplementary analysis are compatible with that of the primary work. (p.36)

Heaton (2004) further highlights that in the case of supplementary analysis, once the re-use of data by the researcher was 'not for purposes other than which it was collected ... this does not raise ethical issues.' (p. 73).

In this vein, this supplementary analysis adopted a methodology that involved ongoing reflection on the rich qualitative data that was obtained during the previous decade. As McLead

and Thompson (2009) succinctly maintain, "The richness and value of qualitative studies is not exhausted or fully captured in one reading or telling, or in one time" (p. 291). As McLeod and Thompson further claim, the research material can be further mined and subjected to a new focus.

Two different categories of sources provided the data that inform this work and were subjected to the supplementary analysis. On the one hand, published local studies were examined in the light of the present focus of interest. On the other hand, the rich source of qualitative material that had been gathered during my own research in the field over the past decade or so was revisited and subjected to secondary analysis. This material consists, *inter alia*, of transcripts of interviews and notes taken down during ethnographic immersion in the field. The studies that were revisited were subjected to a narrowly focussed view on the subject of stigma that was related to the children's alternative care status.

Stigma and Child Alternative Care in Malta

Children in alternative care may often experience the negative effects of different categories of stigma associated with their status as children in alternative care. In fact, over the past decade, some children in residential and foster care have described stigma as a source of suffering and isolation; the stigma that they suffer has been highlighted in recent research that has given a voice to children in alternative care and their primary caregivers (Abela et al., 2012; Debono and Muscat Azzopardi, 2016; Grech, 2017). This phenomenon of social exclusion and stigma is manifested within different countries (Smith, 2011; Smith 2017; Kendrick, 2008; Kikadidi, 2017). Following Goffman's conceptual distinctions that are mentioned above, two kinds of stigma are being highlighted (Goffman, 1963). The first is the associative or courtesy stigma that attaches to being biological members of families whose children have been taken into care. The second is the stigma that could be attached to living in residential child care. However, as Deverell points out, even though in recent studies the concepts of stigma and disadvantage have been considered particularly relevant to children in alternative care and their families 'as a group', it is important to highlight that children in alternative

care and their biological families are a diverse group of individuals (Deverell, 2007). Measures suggested to address these stigma-related issues can form part of the current drive to improve outcomes for children in alternative care and the system of alternative residential care in Malta which is often viewed as in need of bettering (Abela et al., 2012; Grech, 2017).

The Biological Family and Associative Stigma

Stigma is considered to result from a varied combination of factors. Burke (2007) examines the stigma that some may suffer as a result of being associated with persons who themselves are perceived as disadvantaged. This 'associative disadvantage and the stigma that is experienced' can be said to also pertain to the children in alternative care (Burke, 2007, p.12). The family circumstances that can lead to minors entering alternative care are various. These include a range of factors many of which can be said to share a stigmatising label of social dysfunction or malfunction (See Minor Protection (Alternative Care) Act 2019 (CAP 602)). Although the term stigma has wide applications, the focus here is on a narrow application. Reference is being made to the term stigma as it is used with respect to those attributes that are 'deeply discrediting' (Goffman, 1986). However, simply by being biological members of discredited members of society, the children in care may become the undeserving victims of stigma.

At this point, attention is now turned to the documented effects on the child in care of the transferability of this stigma to all members of the family. Children in care have repeatedly mentioned how much shame and isolation they suffer as a result of associative stigma resulting from belonging to a negative stereotypical biological family. It is not the intention of this paper to shed any doubts on the fact that all efforts to address the issues that led the child to being taken into care are being maintained to the extent that resources permit. Neither is it the remit of this commentary to find fault with how well the child's care plan is being thoroughly implemented. As mentioned above, the impetus that led to this paper sprung from various accounts given by children in care over the past decade that lamented the suffering that they experienced

because of stigma. The children's articulation of this lament did not emerge through any study about the subject but was the spontaneous response to more general discussion about care. It is hoped that in turning the spotlight on these first-hand accounts, targeted efforts that address this issue are given a fresh impetus in these fast-changing social conditions.

The reference to associative stigma emerged as an unforeseen outcome during in-depth interviews and ethnographic research carried out with children in foster care (Debono & Muscat Azzopardi, 2016). A gender difference was noted in the responses. The few respondents who spoke about the potential shame and pain inflicted on them as a result of associative stigma were young adolescent and pre-adolescent girls. Even though these girls showed how happy and settled they were in their foster families, they still tried to hide the fact that they were fostered from their friends. They feared the stigma that they would suffer if their school friends found out that the family that they belonged to was not their birth family. As one eleven-year-old female respondent lamented:

In school four of us (girls) in my class are close friends and we always hang around together. I recently revealed my secret to one of the girls. Would you believe it? She actually revealed what I told her to the other two girls! (2016, unpublished)

She told me that she was mortified by this. This same girl told me that she had been guarding her secret for a long time. She said that she had once confided with her foster mother that the girls in her class had often asked her who the lady who attended Parents' Day was. They thought that she looked too old to be her mother. The foster mother had told her she could say that she was her grandmother. However, this girl explained:

They told me several times in school that they had never seen my mother. And I am ashamed to say that I do not have a mother, really ashamed. Even when she (the foster carer) comes (to school), they all ask me 'who is she?' I do not quite know what to respond. She (name of foster carer) told me 'tell them that I am your grandmother.' But to me she is not a grandmother. I consider her to be my

mother. And I do not know what to tell them. (Debono & Muscat Azzopardi, 2016, p. 67)

Another young adolescent female respondent had explained that the mother of her best friend in school had visited the head of school to ask for the two girls to be separated. This parent had told the head of school that she did not want her daughter to be her friend:

She told the head of school that she did not want her daughter to have anything to do with me. She said that my birth family must have been up to no good. She said that for all she knew, my father may be in prison and my mother could have been a prostitute. (2016, unpublished).

Furthermore, one female participant “mentioned how she was taunted in school about the lifestyle of her birth family” (Debono & Muscat Azzopardi, 2016, p. 95). However, in stark contrast to the above young adolescent girls, a fostered boy of about the same age explained that he was not at all affected by his status as a fostered child. He said that, nowadays, most children have experienced family problems. He mentioned the frequency of family breakups and other social problems that seemed so common in Malta today. So he did not really feel different from anyone else. In fact, he said that he was very popular with his neighbours who are friends of his of about the same age. He explained that he was very much in demand in his circle of friends because he was also the only one to manage to mend their bicycles. This achievement was also made more feasible by the fact that his foster father had equipped a section of his garage with the tools and devices necessary for bicycle repair. This had helped him build up and maintain his confidence in his ability to repair bicycles which was held in high esteem by his friends. This boy exhibited resilience and self-confidence. This example will be revisited below when the way forward is discussed.

Specific reference to the negative consequences of associative stigma was mentioned by a young adolescent boy (Debono & Muscat Azzopardi, 2016). He was in residential care after his foster care placement had broken down. He explained that he really wished to be fostered but that being in residential care at his age was considered a sign of challenging

behaviour. He worried that no one would want to foster him because of the stigma attached to his status:

So, you see, here I am. I ended up in residential care. At my age no one would want to foster me because they would think ‘at his age and in residential care, then he must be naughty’. They all prefer to foster younger children. (p.97).

Whether it is the case or not that persons may prefer to foster younger children is beside the point here. What is relevant is the painful fact that this young person felt stigmatised and that this stigma seemed impossible for him to overcome. He was also convinced that it blocked his chances of living in a family environment. Examples like this underscore the need to avoid stigmatising media coverage related to children in care:

A related aspect of the social stigma that was mentioned in the context of peers, also featured in a different context. A couple of participants mentioned that some potential foster carers might assume that older children are ‘damaged’ or ‘troubled.’ They mentioned that this made potential foster carers reluctant to foster older children. Some participants found this very painful. What they expressed underscored the importance of avoiding any social or media coverage of children in out-of-home care that may single them out as problematic or potentially problematic children. (Debono & Muscat Azzopardi, 2016, p. 97)

The need to counter this kind of stigma that can be attached to children in residential care has been convincingly documented more recently:

A few care workers in my study have pointed out, children in residential care face stigma. In order to honour children in residential care and their families, supporting McCall’s (2011) argument, we need to rise above depicting residential homes as “terrible places for children” (p. 254). Wilson & Milne (2016) argued that the media in the UK had constructed negative imagery of these children and their families. An educational campaign on residential care (Gallagher & Green,

2012), and care leavers themselves (Happer et al. 2006), could reduce stigmatization by sharing stories of resilience and success of these children and their families. (Grech E., 2020, p. 318)

This recommendation echoes the views expressed by Andrew Azzopardi in his capacity as the director of Fondazzjoni Ejjew Ghandi³:

One of the things that irks me is the rhetoric about children in care – they are usually described as pitiful, sad and lonely in theatrical works, during electoral campaigns or by the media....Children in residential homes are also happy, enthusiastic and have aspirations and when we fail to show this other side, we fuel the stigma. (TOM, 13-11-2017).

The Family – the Natural Environment for the Well-being of Children

The United Nations Convention on the Rights of the Child is undoubtedly the “most complete statement of children’s rights ever produced and is the most widely-ratified international human rights treaty in history” (unicef.org.uk)⁴. Narrowing the focus of scrutiny of the Convention to the subject of discrimination, one sees that the Preamble recognises the fundamental principle of non-discrimination:

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. (Preamble, United Nations Convention on the Rights of the Child)

The Preamble proceeds to draw attention to the special care and assistance that children are

entitled to in the abovementioned international legal texts. It then proceeds to recognise the role of the family in the life of the child:

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. (Preamble, United Nations Convention on the Rights of the Child)

The upholding of this fundamental principle is what reinforces the primary duty of the State to support family life. The State is thus obliged to take all measures possible with available resources to provide the full range of necessary support that is required to help the family fulfil its duties in the care and upbringing of children. However, in the case of children who cannot live with their family and are growing up in care, reading this statement can reinforce the feeling of loss, of being different and of rejection. In Malta, the central importance of the role of the family regarding social acceptance is widely recognised. As Aguis et al. claim, “The Family - the extended Family - is the most important influence on Maltese Individuals - in terms of its needs and the person’s sense of belonging” (2016, p.75)

It is important to underscore that what is being claimed here is certainly not that the Convention should have been drafted differently. What is being suggested is that, to a child or young person growing up outside a family, reading the preamble may reinforce a feeling of loss. Failing to conform to the ideal as outlined in the Preamble or as valued in countries like Malta may indicate that one has failed to uphold this standard. However, it is worth repeating that this is not

³ (NGO) Community Organization, Child Protective Service

⁴ <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

intended as a criticism of the Convention. It is just a view from those living in ways which deviate from those established by the Convention. The intention here is to jolt us into increasing our endeavours to fully implement the principles of the Convention, for as Freeman warns us,

We should not mistake the words for the deeds... This is particularly significant now that we have begun to take children's rights seriously. The passing of laws, the implementation of conventions, is only a beginning: it is a signal that must be taken up by governments, institutions and individuals. (1992 p. 60)

Not mistaking the words for the deeds requires much more serious and sustained investment in alternative child care. The recent Minor Protection (Alternative Care) Act, Cap 602 is a milestone legislation that has been hailed as a significant development:

The new Minor Protection Act puts on a surer footing the standard of care to be provided to minors who need protection. The new setup provides for more autonomy, more professionalism and more checks and balances. (Vassallo, 2019, ESPN, p.2)

However, unless much more serious investment is made in residential child care, the provisions as laid out in the law cannot be fully implemented. The literature addressing residential care is unanimous in claiming that one of the most important factors affecting the wellbeing of the child is the specialised, individual daily care that a child receives from frontline workers and from their social workers (Smith, 2009; Kendrick, 2005; Gilligan, 1997, 2005; Daniel, 2008). These key workers are instrumental in helping the child develop resilience which is considered one of the key qualities that offsets the negative effects of stigma for children in alternative care (Kendrick, 2005; Gilligan, 1997, 2005; Daniel, 2008). Resilience is a concept that has been gaining increasing attention in child care discourse. Daniel (2008, p. 60) refers to Fonagy et al.'s key definition of resilience as 'normal development under difficult conditions' (Fonagy, 1994, p. 233). Daniel further supplements this definition with Gilligan's definition that mentions the qualities which 'help a child or young person to cope, survive and even thrive in

the face of great hurt and disadvantage" (Gilligan, 1997, p. 12). However, the child residential care sector is riddled with high child-to-staff ratios and frequent staff turnover. Carrying out research with care workers over the past decade has indicated a persistent trend of low staff morale, frustration with the system and a strong desire to be in an empowered position that would allow carers to carry out more productive work daily with the children in their care (Muscat Azzopardi M. 2009, 2012). Recent discussions with care workers from different homes indicated that no progress has been made (2019, 2020, personal communication). The care workers from one home opined that, despite the introduction of a regulatory system, their voices were not heard. They discussed the hardships and frustrations of working in a system that allowed such high staff-to-child ratios. They described some of serious negative repercussions of the high staff turnover that resulted from such a system:

I was on night duty in the child residential home that I work in. I was walking down a corridor. All of a sudden, a boy saw me and attacked me violently. He kicked me and scratched me and insulted me. (Muscat Azzopardi, 2020, Personal communication,)

This care worker explained that this boy had just been placed under her care. His previous care worker had resigned because he had found an opportunity for better employment. Nobody had explained to the boy why his previous care worker had been replaced and so he had blamed her for taking his place

Three care workers from another home regretted that the system did not allow for the possibility of meaningful implementation of child participation rights. They mentioned tokenism with respect to children's participation rights. They all regretted not being given enough time to listen to the children and to provide the kind of care that they knew the children would benefit the most from. One of the care workers opined:

Children require individual attention and the opportunity for some quiet, one-to-one time with a carer who they know and trust. However, on every shift there are two of us with a large number of children. We are also expected to do chores and

paperwork and answer emails during this time. So we cannot carry out the work with the children in our care as we know that we should. (Muscat Azzopardi, 2020, unpublished).

Children have categorically claimed that the relationship with carers and the time spent with caregivers was one of the most important factors that affects the wellbeing of children in residential care:

By far the most important factor that affects the way children feel is the relationship that they have with their caring staff. 34% placed this value at the top of their list. It was made clear that the interaction with caring staff within the residential home was what the children cared about the most. This was expressed in many different ways and along a broad range of situations and behaviours. (Muscat Azzopardi, 2010, p. 182)

Need for more resources

There has been general agreement over the past decades that more resources are needed for the sector to be in a position to offer the service required, give the children the opportunity to thrive and to acquire the resilience that can overcome the negative impact of stigma. The children themselves have explained graphically why this is so and why lower staff-to-child ratios are required:

Two of the older participants expressed that they realised that poor quality care did not only depend on the carers themselves. They understood that this quality also depended on having enough carers to deal with situations that may arise. It was pointed out that if children with demanding behaviour required more than one carer to concentrate on them, then that often meant that children who do not present problems feel that they are deprived of care. One of these participants put it graphically: 'The carers need to take good care of us and give us individual attention. This means that we need enough care workers to do the job well because, if for example a girl is having a serious problem, it is

understandable that she needs more than one care worker to look after her. When this happens, the rest of us do not get attention' (Muscat Azzopardi, 2010, p.183)

This fact has been known and documented for some time now. The ten-year strategic plan for the sector that was launched in 2009 stated that "The sector is suffering from a lack of financial resources and is unsustainable. There are serious gaps in the required continuum of services. More and better qualified staff is urgently required." (Ministry for Social Policy, 2009, p. 4). The writing has long been on the wall. Only a serious commitment to the sector can address the needs of the children who are in the care of the State.

The way forward

The recently enacted Minor Protection (Alternative Care) Act Cap 602 and the 2020 Legal Notices establishing Social Regulatory Standards for Residential Services for Children in Alternative Care together form a corpus of welcome legislation. It is beyond the scope of this paper to give an overview of these legal texts. The major features of this legislation continue to receive justified consideration. However, attention is here drawn to a less frequently highlighted concept that is very relevant to the development of resilience and to the opportunity for the child to thrive and develop resilience-enhancing possibilities. For example, Standard 5 "Education, Enjoyment and Achievement" states that "Children shall have access to educational services and shall be given the opportunity to participate in social and recreational activities of their choice" (LN 33, 2020). The quality indicators to this standard state that the children "shall be empowered and supported to engage in educational programmes to maximise their potential.... and supported to participate in leisure activities of their choice." ('Guidelines Social Regulatory Standards, Residential Services for Children in Alternative Care', Social Care Standards Authority, 2020). If the resources are provided for the sector to fully comply with these quality indicators, the children in care could be given the opportunities to socialise with their peers and to acquire the qualities and strengths that can best counteract the negative effects of stigma (Kendrick, (2005); Gilligan, 2005)

This highlights one of the roles of the State

in addressing real or potential social exclusion and stigma by empowering those most at risk. Mark Smith (2009) highlights the relevance of this development in social policy to an advancement in the residential child care policy:

Thus, the focus of social policy has shifted from poverty and structural inequality towards raising individual opportunities and emphasising individual responsibilities. Policies such as those to improve the education of children in care need to be understood in this context. (p. 66)

Reference to media coverage is also made in the Minor Protection Act. Article 77 (1) makes it an offence to publicly identify a minor in alternative care through any means set out in the law. The intention of the legislator in regard to the protection of these service users from publicity is clear. The spirit of the law is to protect identifiable children in alternative care from harm through media publicity.

Seen together, the above-mentioned legal and policy developments are beneficial because they focus both on protection and also improving outcomes for children in need of care. But, as Mark Smith pertinently warns, we must ensure the timely provision of the resources and policies that are required for improving outcomes for children and 'meaningful change' (Smith, 2009).

It is sincerely hoped that a holistic approach to the issue will lead to a reduction of this specific stigma which affects so many children. Appropriate legislation, enforcement of standards, focussed education and policy decisions as well as responsible media coverage all play a fundamental role towards this end. The State has the obligation to provide the necessary resources to ensure that all these factors are in place.

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- to various projects carried out by the Office of the Commissioner for Children.

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